

COMPLAINT BY A PRISONER UNDER THE CIVIL RIGHTS ACT, 42 U.S.C §§ 1983

FILED

AUG 20 2008

RICHARD W. WIEKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIAName Bradford, Patrick

(Last)

(First)

(Initial)

Prisoner Number P-95665Institutional Address Correctional Training Facility
P.O. Box 689, Soledad, Calif. 93960

E-filing

E-filing

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

VRW

Patrick Bradford

(Enter the full name of plaintiff in this action.)

vs.

Case No. 08 3984
(To be provided by the clerk of court)James E. Tilton, Secretary, (CDOR)Ben Curry, Warden, (CTF)Joseph Chudy, CMO, (CTF)Timothy Friederichs, M.D. (CTF)(Enter the full name of the defendant(s) in this action) Et. Al.COMPLAINT UNDER THE
CIVIL RIGHTS ACT,
42 U.S.C §§ 1983

(P)

[All questions on this complaint form must be answered in order for your action to proceed..]

I. Exhaustion of Administrative Remedies

[Note: You must exhaust your administrative remedies before your claim can go forward. The court will dismiss any unexhausted claims.]

A. Place of present confinement Correctional Training Facility

B. Is there a grievance procedure in this institution?

YES ☒ NO ()

C. Did you present the facts in your complaint for review through the grievance procedure?

YES ☒ NO ()D. If your answer is YES, list the appeal number and the date and result of the appeal at
Appeal No. 08-00498

COMPLAINT

- 1 -

08-3984-VRW

each level of review. If you did not pursue a certain level of appeal, explain why.

1. Informal appeal Due to the medical nature of the
complaint, bypassed at the informal level on
February 7, 2008

2. First formal level Due to the medical nature of the
complaint, bypassed at the first informal level on
February 7, 2008

3. Second formal level Denied without opinion on March 21,
2008

4. Third formal level Denied June 13, 2008
see, exhibit B

E. Is the last level to which you appealed the highest level of appeal available to you?

YES (☒) NO ()

F. If you did not present your claim for review through the grievance procedure, explain
 why. not applicable

II. Parties

A. Write your name and your present address. Do the same for additional plaintiffs, if any.

Patrick Bradford Prisoner I.D. number P-95665

Correctional Training Facility, P.O. Box 689

Soledad, Calif. 93960-0689

B. Write the full name of each defendant, his or her official position, and his or her place of
 employment.

The name, title, and place of employment of each defendant is

listed on the following page.

1 James E. Tilton, Secretary
2 California Department of Corrections
3 and Rehabilitation (CDCR)
4 P.O. Box 942883
5 Sacramento Calif. 94283-0001

6
7 Ben Curry, Warden,
8 Correctional Training Facility (CTF)
9 P.O. Box 686
10 Soledad, Calif. 93960-0686

11
12 Joseph Chudy, Chief Medical Officer
13 Correctional Training Facility (CTF)
14 Medical Department
15 P.O. Box 686
16 Soledad, Calif. 93960-0686

17
18 Timothy Friederichs, Medical Doctor
19 Correctional Training Facility (CTF)
20 Medical Department
21 P.O. Box 686
22 Soledad, Calif. 93960-0686

23
24 Defendants are represented by,
25 Edmund G. Brown Jr. Attorney General
26 State of California
27 455 Golden Gate Ave. Suite 11000
28 San Francisco, Calif. 94102-7004

COMPLAINT

The name, official position, and place of employment of each defendant is listed on the previous page 2(a)

III. Statement of Claim

State here as briefly as possible the facts of your case. Be sure to describe how each defendant is involved and to include dates, when possible. Do not give any legal arguments or cite any cases or statutes. If you have more than one claim, each claim should be set forth in a separate numbered paragraph.

Prison officials acted with deliberate indifference by failing to reasonably respond to or treat plaintiffs serious medical needs of chronic back pain, resulting in the unnecessary or wanton infliction of pain. Prison officials, specifically Dr. Friederichs, in his professional and individual capacity, has failed to prescribe pain medication to allieviate the problem on a regular or consistent basis. PLAINTIFF OFTEN GOES WEEKS WITHOUT PAIN MEDICATION because prison officials either can not, or will not, properly diagnose his medical condition or prescribe the necessary medication.

IV. Relief

Your complaint cannot go forward unless you request specific relief. State briefly exactly what you want the court to do for you. Make no legal arguments; cite no cases or statutes.

Injunctive Relief Requested

(A) medically unassign plaintiff from his education class pending a second opinion by another doctor other than defendant Friederichs.

Statement of Claim

Paragraph I. contd.

Dr. Friederichs has shown a clear deliberate indifference to plaintiffs overall medical needs by failing to react reasonably in accomodating plaintiff with a lower bunk (bed) and ground floor cell which plaintiff has had for the past ten years. In fact, prison officials in retaliation recinded plaintiffs reasonable accomodation chrono, see, exhibit A, for a one year period and reduced it to a three month period when plaintiff repeatedly complained of back pain, which shows a deliberate indifference by percieveing plaintiff as not having a serious medical need, or not worthy of treatment. Additionally, plaintiff is a member of an identifiable group of mentally impaired inmates being prescribed psychotropic medications which leaves him incoherent and unable to function at a level sufficient to maintain a work, school, or vocational assignment. As a result plaintiff had requested to be removed from his assignment because he has been unable to sit all day in a classroom on a hard wooden chair that further aggravates his condition. see, Administrative Appeal exhibit B, Dr. Friederichs and other defendants were reasonably aware knew, or should have known that requiring mentally and medically impaired or dysfunctional inmates to sit in a classroom all day under these conditions would place plaintiff, other inmates, and staff at risk of serious harm or injury if left unabated, yet still have allowed this course of conduct by staff members to continue when the risk was obvious, which shows a deliberate indifference.

1 Paragraph II.

2
3 James E. Tilton is Secretary, California Department of
4 Corrections and Rehabilitation, and is responsible for the
5 supervision, management, and control of state prisons and its
6 employees. He is also responsible for the medical and mental
7 health care, custody, discipline, and reasonable safety of all
8 persons confined therein. Defendant Tilton was aware when
9 plaintiff filed a grievance at the directors level, that
10 failure to provide constitutionally adequate medical and mental
11 health care to prisoners under his control contravenes the
12 Eighth Amendment, and shows a deliberate indifference to the
13 plaintiffs overall medical needs. Defendant Tilton also knew,
14 or should have known that requiring medically impaired, or
15 mentally dysfunctional inmates to engage in prolonged work,
16 school, or vocational assignments would place plaintiff, other
17 inmates, and staff at risk of serious harm or injury, yet have
18 failed to take reasonable measures to abate such risk when it
19 was obvious, which shows a clear and deliberate indifference
20 to the plaintiffs overall medical and mental health needs
21 while acting under color of state law.

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1 Paragraph III.

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3 Ben Curry in his official and individual capacity is Warden at
4 Correctional Training Facility, Soledad, California and is
5 responsible for its daily operations, supervision, and
6 management of all the institutions civilian and correctional
7 employees. He is also responsible for the medical and mental
8 health care, custody, discipline, and reasonable safety of all
9 persons confined therein. Defendant Curry was aware when
10 plaintiff filed a grievance at the second level, that failure
11 to provide constitutionally adequate medical and mental health
12 care contravenes the Eighth Amendment, and shows a deliberate
13 indifference to the plaintiffs overall medical needs.
14 Defendant Curry, also knew or should have known that requiring
15 medically impaired, or mentally dysfunctional inmates to engage
16 in prolonged work, school, or vocational assignments under
17 these conditions constitutes cruel and unusual punishment, and
18 would otherwise place plaintiff, other inmates, and staff, at
19 risk of serious harm or injury, yet have failed to take
20 reasonable measures to abate such risk when it was obvious,
21 which shows a clear and deliberate indifference to plaintiffs
22 overall medical and mental health needs while acting under
23 color of state law.

1 Paragraph IV.

2
3 Joseph Chudy in his official and individual capacity,
4 is Chief Medical Officer at Correctional Training Facility,
5 Soledad, California and is responsible for the overall daily
6 operations of the medical department and its employees. He is
7 also responsible for reasonable and adequate health care of
8 persons confined therein. Dr. Chudy had personal knowledge
9 and participated by formulating the policy that recinded
10 plaintiffs reasonable accomodation request for lower bunk (bed)
11 and ground floor cell, and was aware in the foreseeable future
12 that taking away plaintiffs lower bunk(bed) and ground floor
13 cell would result in further substantial serious injury to
14 plaintiffs back, yet ignored this risk, and failed to take
15 reasonable measures to abate such risk when it was obvious.
16 Defendant Chudy,s actual knowledge and participation shows
17 a deliberate indifference to the plaintiffs overall safety
18 and medical health care needs, which contravenes the Eighth
19 Amendment while acting under color of state law.

Injunctive Relief Requested

- (B) Immediately prescribe plaintiff appropriate pain medication for a reasonable period of time.
- (C) Permanently place plaintiff in a lower bunk (bed) and ground floor cell due to mobility impairment.

Declaratory Relief Requested

- (D) Plaintiff wishes to enjoin defendants from the pattern and practice of requiring medically impaired or mentally dysfunctional inmates from attending work, school, or vocational assignments while under doctors care.

Compensatory Damages Requested

- (E) Compensate plaintiff in the amount of Fifty Thousand Dollars, 50,000 for the unnecessary and wanton infliction of pain.
- (F) Any other punitive damages as the court may deem appropriate.

1 Declaratory, injunctive, and compensatory

2 relief requested

3 see, pages 3 and 3 (e)

4 I declare under penalty of perjury that the foregoing is true and correct.

5
6 Signed this 8 day of 15, 208

7
8 Patrick Bradford
9 (Plaintiff's signature)

EXHIBIT

A

BRADFORD P-95665
C-129L

NAME and NUMBER

CDC-128-C

CENTINELA STATE PRISON

NAME: BRADFORD, Patrick

CDC#: P95665

HOUSING: D4-103L

Please allow this inmate to have a LOWER BUNK/LOWER TIER for one year due to a chronic musculoskeletal condition.

Orig: C-File

cc: Health Record

Housing

Inmate

CCII


DONALD THORNTON, M.D.

Staff Physician

Centinela State Prison

Date: July 10, 2002 (ss)

DATE

~~MEDICAL-PSYCHIATRIC-DENTAL~~

NAME BRADFORD NUMBER P95665 HOUSE CW-129L CTF-C CDC-128-C
RESCIND LOWER BUNK, AND PHYSICAL LIMITATIONS CHRONO.

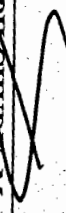
ORIG: C-FILE
COPY: UNIT SGT.

INMATE
D.CCI
ASSIGN. LT.
CONTROL
MEDICAL FILE
CHRONO FILE

DATE: 5/13/08

CTF - SOLEDAD
cf


T. LEE, N.P.
NURSE PRACTITIONER


JOSEPH CHUBB, M.D.
CHIEF MEDICAL OFFICER

MEDICAL - PSYCHIATRIC - DENTAL

COMPREHENSIVE ACCOMMODATION CHRONO

X 1.31

INSTRUCTIONS: A physician shall complete this form if an inmate requires an accommodation due to a medical condition. Circle P if the accommodation is to be permanent, or T if the accommodation is to be temporary. If the accommodation is temporary, write the date the accommodation expires on the line. A new form shall be generated when a change to an accommodation is required or upon renewal of a temporary accommodation. Any new form generated shall include previous accommodations, if they still apply. Chronos indicating permanent accommodations shall be reviewed annually. This form shall be honored as a permanent chrono at all institutions.

HOUSING

ne		<u>Bottom Bunk</u>	P/T <u>lys</u>
rier Free/Wheelchair Access	P/T	Single Cell (See 128-C date: _____)	P/T
ound Floor Cell	P/T <u>3 mo</u>	Permanent OHU / CTC (circle one)	P/T
ntinuous Powered Generator	P/T	Other	P/T

MEDICAL EQUIPMENT/SUPPLIES

ne		Wheelchair: (type) _____	P/T
ab Prosthesis	P/T	Contact Lens(es) & Supplies	P/T
ace	P/T	Hearing Aid	P/T
atches	P/T	Special Garment:	
ne: (type) _____	P/T	(specify) _____	P/T
lker	P/T	Rx. Glasses: _____	P/T
ssing/Catheter/Colostomy Supplies	P/T	Cotton Bedding	P/T
ie: (specify) _____	P/T	Extra Mattress	P/T
lysis Peritoneal	P/T	Other	P/T

OTHER

ndant to assist with meal access	P/T	Therapeutic Diet: (specify) _____	P/T
other movement inside the institution.		Communication Assistance	P/T
ndant will not feed or lift the inmate/patient		Transport Vehicle with Lift	P/T
erform elements of personal hygiene.		Short Beard	P/T
eelchair Accessible Table	P/T	Other	P/T

PHYSICAL LIMITATIONS TO JOB ASSIGNMENTS

ed on the above, are there any physical limitations to job assignments? ☐ Yes ☒ No

is, specify: _____

ITUTION CTF	COMPLETED BY (PRINT NAME) Timothy Friedrichs, M.D.	TITLE PHYSICIAN & SURGEON
ATURE 2. Friedrichs	DATE 1-9-07	CDC NUMBER, NAME (LAST, FIRST, MI) AND DATE OF BIRTH CTF Soledad
/CMO SIGNATURE [Signature]	DATE 1-9-8	P95665
LE ONE APPROVED / DENIED	Bradford, Patrick	

MPREHENSIVE ACCOMMODATION
CHRONO

State of California

Department of Corrections and Rehabilitation

MEDICAL/MENTAL HEALTH VERIFICATION

1824 Log # CTF-S-08-00498

Inmate: Bradford P 95665

Date Assigned by IAC: 2/13/08

Date Received by MAC: 2/22/08

Date Medical File Reviewed: 2/22

Medical file reviewed and medical verification sent to the Institutional Appeals

Coordinator on 2/22 Verification attached: 0 1845 0 Work

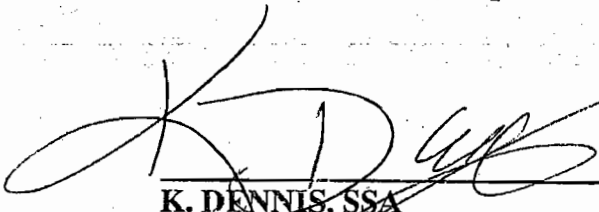
Restriction chrono 0 Temporary Medical Un-assignment chrono 0

Other Accommodation Chrono CDC 7410

Patient evaluated on 2/20/08. Medical Verification unavailable. Outside consultation recommended. Outside consultation requested on 0.

CDC 1824 suspended 0.

Outside consultation report received by this institution on 0.
Outside consultation report returned to IAC on 0.


K. DENNIS, SSA
Medical Appeals Coordinator

2/22/08
DATE

EXHIBIT

B

**INMATE/PAROLEE
APPEAL FORM**
CDC 602 (12/97)

Location: Institution/Parole Region

Log No.

08-00498

Category

18-19

1.
2.

CTF-S

1.
2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious Offenses, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
BRADFORD, PATRICK	P-95665	ABE 1 ACADEMICS	CW 129L

A. Describe Problem: ON 2-6-08 I RECEIVED A Full Time WORK DUCAT. DO TO MY MENTAL illness & THE LEVEL OF care I AM RECEIVING, Medication that puts me to sleep During morning & After noon Hours. I will not be able to COPE NOR Function in Education do to my medication side effects & my Depression this is why I am not going to ~~attend~~ Attend Education

If you need more space, attach one additional sheet.

B. Action Requested: TO HAVE THE SPACE I Need while I am currently being treated for this Mental illness Give A DROP CHRONOL & ~~ASAP~~ A.S. A.P. Thank you

Inmate/Parolee Signature:

Patrick Bradford

Date Submitted:

2/6/08

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chronol, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

RECEIVED

FEB 22 2008

CTF MEDICAL APPEALS

RECEIVED

FEB 7 2008

CTF APPEALS

CDC Appeal Number:

08-00498

 RECEIVED
 APR 14 2008
 INMATE APPEALS BRANCH

 RECEIVED
 MAY -8 2008
 INMATE APPEALS BRANCH

First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ OtherE. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: RECEIVED

Due Date: _____

Interviewed by: _____

Staff Signature: _____

Title: _____

Date Completed: _____

Division Head Approved: _____

Returned: _____

Signature: _____

Title: _____

Date to Inmate: _____

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☒ Denied ☐ OtherG. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: MAR 7 2008Due Date: MAR 21 2008☒ See Attached LetterSignature: JA SeanDate Completed: 4/29/08Warden/Superintendent Signature: Null

Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

I dis-agree with this action do
to my Mental + physical condition
taking medications for Depression +
my back pain keeps me impaired and
sleepy in the morning I need to be on
medical UNASSIGNMENT based on this

Signature: Patrick BradfordDate Submitted: 4-16-08

For the Director's Review, submit all documents to: Director of Corrections
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☒ Denied ☐ Other☒ See Attached LetterDate: JUN 13 2008

COMPREHENSIVE ACCOMMODATION CHRONO
HAS BEEN UP DATED AND DOES STATE
LIMITATIONS to Health condition in
medical file BASED ON THE FORE
going I AM NOT PHYSICALLY ABLE
TO SIT UP IN A CLASS ROOM DO TO
MY CHRONIC BACK PAIN & THE TYPE
OF SIDE EFFECTS OF PSYCHIATRICS
Medication & THE MEDICATION I AM
RECEIVING FOR MY BACK PAIN #3'S
TYLONOL CODEINE. I CANNOT FUNCTION
BASED ON MY CURRENT STATE OF
MEDS & PHYSICAL CONDITION. I
NEED TO BE MEDICALLY UNASSIGNED

NAME AND NUMBER

Bradford P95665 CTF CN

HOUSE

C 129^L

CDC-128-C

PHYSICAL LIMITATIONS

1. BASED ON THIS INDIVIDUAL'S:

☒

☐

☐

☐

acute *medical* condition
 chronic *medical* condition
 temporary disability
 permanent disability (see 1845)
 impacting placement
 yes ☐ no ☐

2. THE FOLLOWING ACTIVITY RESTRICTIONS ARE RECOMMENDED:

movement position

☒ no prolonged standing (not longer than _____ minutes every _____ minutes)
☒ no prolonged sitting (not longer than 30 minutes every 60 minutes)
☒ no climbing
☒ no bending, stooping or twisting
☒ no lifting over 20 pounds
☐ no crawling
☐ no prolonged walking (not more than _____ feet without resting)
☐ no use of (R/L/both) arm(s) Restrictions: _____
☐ no weight bearing (R/L) leg
☐ limited weight bearing (R/L) leg
☐ other: _____

environment

☐ may not work around heat
☐ may not work around or use machinery
☐ may not work at heights
☐ may not work with hands in water
☐ may not work outdoors
☐ may not work in dusty areas
☐ other: _____

START DATE

2/27/08

END DATE

8/27/08

Duration: (approx)

6 mo

S. AUTHORITY

PHYSICIAN

DATE

2-27-08

ORIG: C-FILE

COPY: UNIT SGT

INMATE

CONTROL

CCI

ASSIGN. LT

CHIEF NURSE

MEDICAL FILE

CHRONO FILE

Timothy Frederichs, M.D.
 Physician & Surgeon
 CTF Bolinas

STATE OF CALIFORNIA
 MENTAL HEALTH INTERDISCIPLINARY TREATMENT
 TEAM HOUSING/PROGRAM RECOMMENDATION
 CDCR 128-MH8 (07/07)

DEPARTMENT OF CORRECTIONS AND REHABILITATION

MENTAL HEALTH INTERDISCIPLINARY TREATMENT TEAM
 HOUSING/PROGRAM RECOMMENDATION

NAME Bradford Patrick CDC# 195665 INSTITUTION CTF HOUSING C-1291
 (Last, First)

This inmate is currently included in the following mental health level of care:

☐ None ☒ CCCMS ☐ EOP ☐ DMH - Referral accepted _____ Date

This inmate was reviewed by the Interdisciplinary Treatment Team and the following determination was made that should be considered in housing and placement decisions:

☐ This inmate has mental needs that can be met in the following program(s):
 (See instructions for acronym definitions)

☐ MSF ☐ CCP (Camp) ☐ RCP (Restitution Center)
☐ CCF/MCCF ☐ CPMP ☐ FFP
☐ TTP ☐ DTF

Mental health care can be provided and has been arranged at the following location(s)
 (MANDATORY IF A PROGRAM ABOVE IS INDICATED):

Program:	Institution:	Contact Clinician:	Phone Number:
Program:	Institution:	Contact Clinician:	Phone Number:
Program:	Institution:	Contact Clinician:	Phone Number:

☐ This inmate meets clinical criteria for transfer for treatment of exhibitionism.

☐ This inmate may be included in general population vocational or educational programming
 (required only for inmate-patients receiving Enhanced Outpatient Program level of care)

☒ Other (e.g. Single or Double-Cell recommendation based on a mental health condition):

Removal from Education
It is recommended that inmate be removed from education for 45 days
to address mental health concerns. Will re-evaluate at the end
of the 45 days.

Seema Roy, D.
 Clinician's Name

[Signature]
 Clinician's Signature

3-4-08
 IDTT Date

Team Leader Signature

CCI T. Verdesoto

Chief of Mental Health or Designee Signature

Moeen Bhatti
Moeen Bhatti, M.D.

STATE OF CALIFORNIA		DEPARTMENT OF CORRECTIONS	
INMATE PASS			
INMATE'S NAME BRADFORD	CDC # P95665	HOUSING # CW / 1291	
ISSUED BY V.C. Russell, LT(A)	DATE 3/27/2008	PASS FROM	
PASS TO	DATE	TIME	
REASON C MEDICAL	LOZADA	4/6/08	
ARRIVAL TIME	RECORDED BY S/C FRIEDERICH		
DEPART TO	TIME	RECORDED BY	

STATE OF CALIFORNIA		DEPARTMENT OF CORRECTIONS	
INMATE PASS			
INMATE'S NAME BRADFORD	CDC # P95665	HOUSING # CW / 1291	
ISSUED BY H.A. Gilman	DATE 4/24/2008	PASS FROM	
PASS TO	DATE	TIME	
REASON C MEDICAL	LOZADA	4/6/08	
ARRIVAL TIME	RECORDED BY S/C FRIEDERICH		
DEPART TO	TIME	RECORDED BY	

STATE OF CALIFORNIA		DEPARTMENT OF CORRECTIONS	
INMATE PASS			
INMATE'S NAME BRADFORD	CDC # P95665	HOUSING # CW / 1291	
ISSUED BY V.C. Russell, LT(A)	DATE 4/8/2008	PASS FROM	
PASS TO	DATE	TIME	
REASON 2ND FLOOR INFIRMARY	REVELAS	4/9/08	
ARRIVAL TIME	RECORDED BY BHATTI DR		
DEPART TO	TIME	RECORDED BY	

STATE OF CALIFORNIA		DEPARTMENT OF CORRECTIONS	
INMATE PASS			
INMATE'S NAME BRADFORD	CDC # P95665	HOUSING # CW / 1291	
ISSUED BY H.A. Gilman	DATE 6/11/2008	PASS FROM	
PASS TO	DATE	TIME	
REASON C MEDICAL	LOZADA	4/6/08	
ARRIVAL TIME	RECORDED BY S/C FRIEDERICH		
DEPART TO	TIME	RECORDED BY	

DEPARTMENT OF CORRECTIONS
Correctional Training Facility
Soledad, California

SUPPLEMENTAL PAGE

RE: CTF APPEAL LOG No. CTF-S-08-00498
First Level Reviewer's Response

BRADFORD

P-95665

CW-129L

APPEAL DECISION: DENIED


APPEAL ISSUE: ADA

DISCUSSION OF FINDINGS:

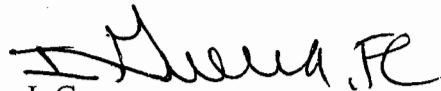
Bradford was interviewed on 2/28/08 and stated that the medication he is currently taking makes him drowsy in the morning. Bradford's Medical File was reviewed for this appeal with no Medical Unassignment or Restrictions noted in the file. Additionally, the attached CDCR 7410 Comprehensive Accommodation Chrono states Bradford has no physical limitations to job assignments. Bradford was informed that he could not be removed from his job assignment via committee until medical staff has issued the necessary medical chronos.

DISPOSITION:

Your Medical File was reviewed for documentation pertaining to your alleged disability on 2-22-08. There is no documentation in your Medical file that would prevent you from attending your assignment in Education. Per California Code of Regulation, Title 15, Section 3043.5 (d) (2); *Only when an inmate's documented limitations are such that the inmate, even with reasonable accommodation, is unable to perform the essential functions of any work, academic, vocational or other such program, will the inmate be placed in one of the two following categories by a classification committee: Temporary medical/psychiatric unassignment or Medically disabled.*



D. Silva
Correctional Counselor II, Unit-III
CTF-Central



I. Guerra
Facility Captain, Unit III
CTF-Central

cc: Appeals Office File
Inmate's Central File

DEPARTMENT OF CORRECTIONS
Correctional Training Facility
Soledad, California

S U P P L E M E N T A L P A G E

RE: CTF APPEAL LOG No. CTF-S-08-00498
 Second Level Reviewer's Response

BRADFORD

P-95665

CW-129L

APPEAL DECISION: **DENIED**

APPEAL ISSUE: **ADA**

APPEAL RESPONSE:

In your appeal, you state the following:

- (1) That on 2/6/08, you received a Full Time Work Ducat.
- (2) That the medication you receive for your Mental Illness puts you to sleep during the morning and afternoon hours.
- (3) That you will not be able to function or cope in education due to your medication's side effects and depression.
- (4) That you will not be attending education.
- (5) That you would like the necessary space that you need while you are currently being treated for your mental illness and to be dropped from Education.

On February 28, 2008, CCII, D. Silva, interviewed you in order to provide you the opportunity to explain your appeal and present supporting information or documents. During the interview, you reiterated what you had stated in your appeal. Your appeal was DENIED at the First Level of Review.

Dissatisfied with the First Level Response you resubmitted your appeal for a Second Level of Review.

A thorough review of your appeals' package, all of your attachments and your Central File has been completed and revealed the following:

- (1) On 2/6/08, you were assigned to position number ABEAC.322 in the Education Department. On said date, you submitted your appeal and requested to be unassigned from education.
- (2) On 2/22/08, in preparation for a response to your appeal, the Medical Appeals Coordinator, K. Dennis, completed a Medical/Mental Health Verification. Noted was a CDCR 7410 Comprehensive Accommodation Chrono dated 2/27/08 which documents that you are to be accommodated as follows;
 - a. Assignment to a bottom bunk
 - b. Temporary assignment to a Ground Floor Cell (3 months)

Second Level Reviewer's Response
CTF Appeal Log #CTF-S-08-00498
Page 2 of 2

- (3) There is no documentation in your Medical or Central files which would prevent you from attending your assignment in Education. California Code of Regulation, Title 15, Section 3043.5 (d) (2) states the following;

Only when an inmate's documented limitations are such that the inmate, even with reasonable accommodation, is unable to perform the essential functions of any work, academic, vocational or other such program, will the inmate be placed in one of the two following categories by a classification committee: Temporary medical/psychiatric unassignment or Medically disabled.

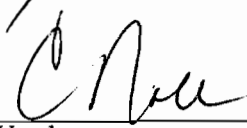
You have not presented any additional or new information to which would change the decision rendered at the First Level of Review. Based on the aforementioned, your appeal is DENIED at the Second Level of Review.

Reviewed By:


J. Wiggins, Associate Warden (A), Central Facility

Date

3-7-08


B. Curry, Warden

Date

3-13-08

cc: Appeals Office File
Inmate's Central File

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS AND REHABILITATION
INMATE APPEALS BRANCH
P. O. BOX 942883
SACRAMENTO, CA 94283-0001

DIRECTOR'S LEVEL APPEAL DECISION

Date: JUN 13 2008

In re: Patrick Bradford, P95665
Correctional Training Facility
P.O. Box 686
Soledad, CA 93960

IAB Case No.: 0724369

Local Log No.: CTF-08-00498

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner C. Hammond, Staff Services Manager I. All submitted documentation and supporting arguments of the parties have been considered.

I APPELLANT'S ARGUMENT: The appellant states on February 6, 2008, he received a full-time work ducat at the Correctional Training Facility (CTF). He states that due to his mental illness and the medications he is receiving at his level of care, he is unable to stay awake during the morning and afternoon hours. He states he will be unable to attend and function in education. The appellant requests accommodation to give him the "space" he needs while he is currently being treated for this mental illness. He requests to be given a "drop chrono" from education as soon as possible.

II SECOND LEVEL'S DECISION: At the First Level of Review (FLR), D. Silva, CC II, interviewed the appellant on February 28, 2008, who stated the medication he is currently receiving makes him drowsy in the morning. On February 22, 2008, a review of the appellant's Unit Health Record (UHR) indicated there was no mention of restrictions or medical unassignment in the file. Additionally, the attached CDC Form 7410, Comprehensive Accommodation Chrono (CAC), dated January 9, 2008, states the appellant has no physical limitations to his current job assignment. The appellant was informed in accordance with the California Code of Regulations, Title 15, Section (CCR) 3043.5 (d)(2); "Only when the inmate's documented limitations are such that the inmate, even with reasonable accommodation, is unable to perform the essential functions of any work, academic, vocational or other such program, will the inmate be placed in one of the two following categories by a classification committee: Temporary medical/psychiatric unassignment or medically disabled." He could not be removed from his job assignment via committee until the medical staff issues the appropriate CAC. The appeal was denied at the FLR on February 28, 2008.

At the Second Level of Review (SLR), a thorough review of the appellant's appeal package, all of his attachments, and his Central Files was completed and determined on February 6, 2008, he was assigned to a position number in the Education Department. On that date the appellant submitted his appeal requesting unassignment from education. In preparation for the SLR, the UHR indicates a CAC was issued on February 27, 2008, which listed restrictions as follows: Assignment to a bottom bunk and temporary assignment to a ground floor cell (three months). There was no documentation in his UHR or C File which would prevent him from attending his assignment in education. The appeal was denied at the SLR on March 29, 2008.

III DIRECTOR'S LEVEL DECISION: Appeal is denied.

A. FINDINGS: In requesting a Director's Level of Review (DLR), the appellant simply restates his initial complaint and adds no pertinent facts or points of argument to support his contention that he should be accommodated for his mental health condition with unassignment from education.

In reaching a decision at the DLR, it is noted the appellant was informed that in accordance with the CCR 3043.5 (d)(2); "Only when the inmate's documented limitations are such that the inmate, even with reasonable accommodation, is unable to perform the essential functions of any work, academic, vocational or other such program, will the inmate be placed in one of the two following categories by a classification committee: Temporary medical/psychiatric unassignment or medically disabled." The appellant is also reminded that on February 27, 2008, he was given a new CAC listing the following

PATRICK BRADFORD, P95665
CASE NO. 0724369
PAGE 2

physical limitations to job assignments: "No prolonged sitting (longer than 30 minutes every hour), no bending, stooping or twisting, and no lifting over 20 pounds." As with his earlier CAC, dated January 9, 2008, the appellant continues to have no physical limitations to job assignments warranting medical or psychiatric unassignment. After considering the evidence and arguments herein, it has been determined the CTF staff acted appropriately on the appellant's request, and no accommodation is warranted at the DLR.

B. BASIS FOR THE DECISION:

Armstrong Remedial Plan: ARPI, ARPII.A, ARPII.B, ARPII.E.1, ARPII.F, ARPIV.I.14, ARPIV.I.17
CCR: 3043.5, 3085, 3350, 3350.1, 3354

C. ORDER: No changes or modifications are required by the Institution.

This decision exhausts the administrative remedy available to the appellant within CDCR.



N. GRANNIS, Chief
Inmate Appeals Branch

cc: Warden, CTF
Health Care Manager, CTF
Appeals Coordinator, CTF
Medical Appeals Analyst, CTF

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Patrick Bradford Plaintiff,

CASE NO. _____

vs.
James E. Tilton, Secretary (CDC)
Ben Curry, Warden, (CTF)
Joseph Chudy, CMO. (CTF)
Timothy Friederichs, M.D. (CTF) Defendant,

**PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS**

I, Patrick Bradford, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: n/a Net: n/a

Employer: not applicable

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received. (If you are imprisoned, specify the last place of
2 employment prior to imprisonment.)

3 June, 2000

4 2,400/mo.

5
6 2. Have you received, within the past twelve (12) months, any money from any of the following
7 sources:

- 8 a. Business, Profession or Yes ____ No X
9 self employment
10 b. Income from stocks, bonds, Yes ____ No X
11 or royalties?
12 c. Rent payments? Yes ____ No X
13 d. Pensions, annuities, or Yes ____ No X
14 life insurance payments?
15 e. Federal or State welfare payments, Yes ____ No X
16 Social Security or other govern-
17 ment source?

18 If the answer is "yes" to any of the above, describe each source of money and state the amount
19 received from each.

20 not applicable

21
22 3. Are you married? Yes ____ No X

23 Spouse's Full Name: not applicable

24 Spouse's Place of Employment: not applicable

25 Spouse's Monthly Salary, Wages or Income: not applicable

26 Gross \$ 0 Net \$ 0

27 4. a. List amount you contribute to your spouse's support: \$ 0

28 b. List the persons other than your spouse who are dependent upon you for support

NONE

and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

n/a

5. Do you own or are you buying a home? Yes ___ No X

Estimated Market Value: \$ 0 Amount of Mortgage: \$ 0

6. Do you own an automobile? Yes ___ No X

Make N?A Year n/a Model n/a

Is it financed? Yes ___ No X If so, Total due: \$ n/a

Monthly Payment: \$ 0

7. Do you have a bank account? Yes ___ No X (Do not include account numbers.)

Name(s) and address(es) of bank: n/a

Present balance(s): \$ 0

Do you own any cash? Yes ___ No X Amount: \$ 0

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ___ No X

8. What are your monthly expenses? INCARCERATED INMATE

Rent: \$ 0 Utilities: 0

Food: \$ 0 Clothing: 0

Charge Accounts:

<u>Name of Account</u>	<u>Monthly Payment</u>	<u>Total Owed on This Acct.</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>
<u>0</u>	\$ <u>0</u>	\$ <u>0</u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.) NONE

1 not applicable

2
3 10. Does the complaint which you are seeking to file raise claims that have been presented in
4 other lawsuits? Yes ___ No X

5 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which
6 they were filed.

7 none

8
9 I consent to prison officials withdrawing from my trust account and paying to the court the
10 initial partial filing fee and all installment payments required by the court.

11 I declare under the penalty of perjury that the foregoing is true and correct and understand
12 that a false statement herein may result in the dismissal of my claims.

13
14 8/15/08
15 /DATE

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28
Patrick Bradbury
SIGNATURE OF APPLICANT

PROOF OF SERVICE BY MAIL

BY PERSON IN STATE CUSTODY

(Fed. R. Civ. P. 5, 28 U.S.C. § 1746)

I, Patrick Bradford, declare:

I am over 18 years of age and a party to this action. I am a resident of _____

Correctional Training Facility Prison,

in the county of Monterey,

State of California. My prison address is: P.O. Box 689,

Soledad, Calif. 93960

On _____
(DATE)

I served the attached: 42 U.S.C. 1983

Civil Rights Complaint

(DESCRIBE DOCUMENT)

on the parties herein by placing true and correct copies thereof, enclosed in a sealed envelope, with postage thereon fully paid, in the United States Mail in a deposit box so provided at the above-named correctional

institution in which I am presently confined. The envelope was addressed as follows:

Clerk of Court
United States District Court
Northern District of California
450 Golden Gate Ave. P.O. Box 36060
San Francisco, Calif. 94102

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on 8/15/08
(DATE)

Patrick Bradford
(DECLARANT'S SIGNATURE)

PROOF OF SERVICE BY MAIL

BY PERSON IN STATE CUSTODY

(Fed. R. Civ. P. 5; 28 U.S.C. § 1746)

I, Patrick Bradford, declare:

I am over 18 years of age and a party to this action. I am a resident of _____
Correctional Training Facility _____ Prison,

in the county of Monterey _____,

State of California. My prison address is: P.O. Box 689 _____,

Soledad, Calif. 93960-0689 _____.

On _____,
(DATE)

I served the attached: 42 U.S.C. 1983 _____

Civil Rights Complaint _____

(DESCRIBE DOCUMENT)

on the parties herein by placing true and correct copies thereof, enclosed in a sealed envelope, with postage thereon fully paid, in the United States Mail in a deposit box so provided at the above-named correctional

institution in which I am presently confined. The envelope was addressed as follows:

Edmund G. Brown Jr. Attorney General
State of California
455 Golden Gate Ave. Suite 11000
San Francisco, Calif. 94102-7004

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Executed on

8/15/08
(DATE)

Patrick Bradford
(DECLARANT'S SIGNATURE)

United States District Court
Northern California
DISTRICT OF

Patrick Bradford

SUMMONS IN A CIVIL ACTION

v.

CASE NUMBER:

James E. Tilton

TO: (Name and Address of Defendant)

James E. Tilton, Secretary
California Department of Corrections
and Rehabilitation
P.O. Box 942883
Sacramento, Calif. 94283-0001

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

PLAINTIFF'S ATTORNEY (name and address)

Patrick Bradford, Prisoner I.D. P-95665
Correctional Training Facility
P.O. Box 689
Soledad, Calif. 93960-0689
In Pro Se

an answer to the complaint which is herewith served upon you, within Twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

Defendant is represented by;
Edmund G. Brown Jr. Attorney General
State of California
455 Golden Gate Ave. Suite 11000
San Francisco, Calif. 94102-7004

CLERK

DATE

BY DEPUTY CLERK

United States District Court
Northern DISTRICT OF California

Patrick Bradford

SUMMONS IN A CIVIL ACTION

v.

CASE NUMBER:

Ben Curry

TO: (Name and Address of Defendant)

Ben Curry, Warden
Correctional Training Facility
P.O. Box 686
Soledad, Calif. 93960-0686

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

PLAINTIFF'S ATTORNEY (name and address)

Patrick Bradford, Prisoner I.D. P-95665
Correctional Training Facility
P.O. Box 689
Soledad, Calif. 93960-0689
In Pro Se

an answer to the complaint which is herewith served upon you, within Twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

Defendant is represented by;
Edmund G. Brown Jr. Attorney General
State of California
455 Golden Gate Ave. Suite 11000
San Francisco, Calif. 94102-7004

CLERK

DATE

BY DEPUTY CLERK

United States District Court

Northern DISTRICT OF California

Patrick Bradford

SUMMONS IN A CIVIL ACTION

v.

CASE NUMBER:

Joseph Chudy

TO: (Name and Address of Defendant)

Dr. Joseph Chudy, CMO
Correctional Training Facility
P.O. Box 686
Soledad, Calif. 93960-0686

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

PLAINTIFF'S ATTORNEY (name and address)

Patrick Bradford, Prisoner I.D. P-95665
Correctional Training Facility
P.O. Box 689
Soledad, Calif. 93960-0689
In Pro Se

an answer to the complaint which is herewith served upon you, within Twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

Defendant is represented by;
Edmund G. Brown Jr. Attorney General
State of California
455 Golden Gate Ave. Suite 11000
San Francisco, Calif. 94102-7004

CLERK

DATE

BY DEPUTY CLERK

United States District Court
Northern DISTRICT OF California

SUMMONS IN A CIVIL ACTION

Patrick Bradford

v.

CASE NUMBER:

Timothy Friederichs

TO: (Name and Address of Defendant)

Dr. Timothy Friederichs
Correctional Training Facility
P.O. Box 686
Soledad, Calif. 93960-0686

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

PLAINTIFF'S ATTORNEY (name and address)

Patrick Bradford, Prisoner I.D. P-95665
Correctional Training Facility
P.O. Box 689
Soledad, Calif. 93960-0689
In Pro Se

an answer to the complaint which is herewith served upon you, within Twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

Defendant is represented by;
Edmund G. Brown Jr. Attorney General
State of California
455 Golden Gate Ave. Suite 11000
San Francisco, Calif. 94102-7004

CLERK

DATE

BY DEPUTY CLERK

United States District Court
Northern DISTRICT OF California

Patrick Bradford

SUMMONS IN A CIVIL ACTION

V.

CASE NUMBER:

Tilton, Curry, Chudy,
Friederichs, Et. Al.

TO: (Name and Address of Defendant)

Edmund G. Brown Jr. Attorney General
State of California
455 Golden Gate Ave. Suite 11000
San Francisco, Calif. 94102-7004
For the Defendants

YOU ARE HEREBY SUMMONED and required to file with the Clerk of this Court and serve upon

PLAINTIFF'S ATTORNEY (name and address)

Patrick Bradford, Prisoner I.D. P-95665
Correctional Training Facility
P.O. Box 689
Soledad, Calif. 93960-0689
In Pro Se

an answer to the complaint which is herewith served upon you, within Twenty (20) days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint.

CLERK

DATE

BY DEPUTY CLERK

JS-44
(Rev. 07-89)

CIVIL COVER SHEET

The JS-44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

I (a) PLAINTIFFS

Patrick Bradford

DEFENDANTS

James E. Tilton, Secretary, (CDCR)
Ben Curry, Warden, (CTF)
Joseph Chudy, CMO (CTF)
Timothy Friederichs, M.D. (CTF)

(b) COUNTY OF RESIDENCE OF FIRST LISTED PLAINTIFF Monterey
(EXCEPT IN U.S. PLAINTIFF CASES)

COUNTY OF RESIDENCE OF FIRST LISTED DEFENDANT Sacramento
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED

(c) ATTORNEYS (FIRM NAME, ADDRESS, AND TELEPHONE NUMBER)

Patrick Bradford
Correctional Training Facility
P.O. Box 689
Soledad, Calif. 93960

ATTORNEYS (IF KNOWN)

Edmund G. Brown Jr. Attorney General
455 Golden Gate Ave. Suite 11000
San Francisco, Calif. 94102

II. BASIS OF JURISDICTION

(PLACE AN X IN ONE BOX ONLY)

- ☐ 1 U.S. Government Plaintiff
☒ 2 U.S. Government Defendant
☒ 3 Federal Question (U.S. Government Not a Party)
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES

(For Diversity Cases Only)

(PLACE AN X IN ONE BOX FOR PLAINTIFF AND ONE BOX FOR DEFENDANT)

- Citizen of This State ☒ PTF ☒ DEF
Citizen of Another State ☐ 2 ☐ 2
Citizen or Subject of a Foreign Country ☐ 3 ☐ 3
Incorporated or Principal Place of Business in This State ☒ PTF ☒ DEF
Incorporated and Principal Place of Business in Another State ☐ 5 ☐ 5
Foreign Nation ☐ 6 ☐ 6

IV. CAUSE OF ACTION

(CITE THE U.S. CIVIL STATUTE UNDER WHICH YOU ARE FILING AND WRITE A BRIEF STATEMENT OF CAUSE)

DONOT CITE JURISDICTIONAL STATUTES UNLESS DIVERSITY: 42 U.S.C. 1983, constitutionally deficient medical and mental health care, deprivation of reasonable accommodations pursuant to Title II, of the Americans with Disabilities Act (1990)

V. NATURE OF SUIT (PLACE AN X IN ONE BOX ONLY)

CONTRACT	TORTS		FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veterans's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury	PERSONAL INJURY <input type="checkbox"/> 362 Personal Injury - Med Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Theft in Landing <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395a) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSND Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS - Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 610 Selective Service <input type="checkbox"/> 650 Securities/Commodities Exchange <input type="checkbox"/> 675 Customer Challenge 12 USC 3410 <input type="checkbox"/> 691 Agricultural Acts <input type="checkbox"/> 692 Economic Stabilization Act <input type="checkbox"/> 693 Environmental Matters <input type="checkbox"/> 694 Energy Allocation Act <input type="checkbox"/> 695 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes <input type="checkbox"/> 990 Other Statutory Actions
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 440 Other Civil Rights	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input checked="" type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights			

VI. ORIGIN

(PLACE AN X IN ONE BOX ONLY)

- ☒ 1 Original Proceeding
☐ 2 Removed from State Court
☐ 3 Remanded from Appellate Court
☐ 4 Reinstated or Reopened
☐ 5 Transferred from another district (specify)
☐ 6 Multidistrict Litigation
☐ 7 Appeal to District Judge from Magistrate Judgment

VII. REQUESTED IN COMPLAINT:

CHECK IF THIS IS A CLASS ACTION ☐ No DEMAND \$50,000 Check YES only if demanded in complaint:
 JURY DEMAND: ☒ YES ☐ NO

VIII. RELATED CASE(S) IF ANY

None

JUDGE

DOCKET NUMBER

DATE

SIGNATURE OF ATTORNEY OF RECORD